

SECOND NOTIFICATION OF SELECTION LETTER TO HOUSEHOLD FOR VERIFICATION OF ELIGIBILITY AND POSSIBLE ADVERSE ACTION

This letter is *a second notice* of verification. You must send the information we need, or contact *[name]* by *[date]*, or your child(ren) will stop getting free or reduced price meals.

Student(s) Names: _____

School(s): _____

Date: _____

Dear _____:

We are checking your Free and Reduced Price School Meals Application. Federal rules require that we do this to make sure only eligible children get free or reduced price meals. You must send us information to prove that the children listed above are eligible.

If you do not send information that proves your child is eligible to receive free or reduce priced meals benefits by _____, these meal benefits **will be stopped on this date (10 calendar days from the date on the letter).**

If possible, send copies, not original papers. If you do send originals, they will be sent back to you only if you ask.

1. IF YOU WERE RECEIVING BENEFITS FROM SNAP or TFA WHEN YOU APPLIED FOR FREE OR REDUCED PRICE MEALS, OR AT ANY TIME SINCE THEN, SEND US A COPY OF ONE OF THESE:

- The Department of Social Services (DSS) SNAP or DSS TFA Certification Notice that shows dates of certification.
- Letter from the DSS office that shows dates of certification.
- **Do not send your EBT card.**

2. IF THE CHILD IS A FOSTER CHILD:

Provide written documentation that verifies the child is the legal responsibility of the agency or court or provide the name and contact information for a person at the agency or court who can verify that the child is a foster child.

3. IF NO ONE IN YOUR HOUSEHOLD RECEIVES SNAP or TFA BENEFITS:

Send this page along with papers that show the amount of money your household gets from each source of income. The papers you send must show the **name** of the person who received the income, the **date** it was received, **how much** was received and **how often** it was received. **Send information to: (List the name and contact information for the Verification contact person.)**

4. **TIMEFRAME OF ACCEPTABLE INCOME DOCUMENTATION:** Please submit proof of one month's income; you could use the month prior to application, the month you applied or any month after that.

Acceptable papers include:

- **JOBS:** Paycheck stub or pay envelope that shows the amount and how often pay is received; letter from employer stating gross wages and how often you are paid; or, if you work for

yourself, business or farming papers, such as ledger or tax books.

- ***SOCIAL SECURITY, PENSIONS OR RETIREMENT:*** Social Security retirement benefit letter, statement of benefits received, or pension award notice.
- ***UNEMPLOYMENT, DISABILITY, OR WORKER'S COMP:*** Notice of eligibility from State employment security office, check stub or letter from the Worker's compensation's office.
- ***WELFARE PAYMENTS:*** Benefit letter from the Welfare Agency.
- ***CHILD SUPPORT OR ALIMONY:*** Court decree, agreement or copies of checks received.
- ***OTHER INCOME (SUCH AS RENTAL INCOME):*** Information that shows the amount of income received, how often it is received, and the date received.
- ***NO INCOME:*** A brief note explaining how you provide food, clothing and housing for your household, and when you expect an income.
- ***MILITARY HOUSING PRIVATIZATION INITIATIVE:*** Letter or rental contract showing that your housing is part of the Military Privatized Housing Initiative.

If you do not agree with the decision, you may discuss it with _____
(Verifying Official)

You also have the right to a fair hearing. If you request a hearing by _____, your Child(ren)
(Same as above date)
will continue to receive _____ until the decision of the hearing officer is made.
(free or reduced price meals)

You may request a fair hearing by calling or writing the following official:

Name: _____

Street, Town, Zip: _____

Telephone Number: _____

Thank you. If you have questions or need help, please call [name] at [phone number]. The call is free. [Toll free or reverse charge explanation]. You may also e-mail us at [e-mail address].

Sincerely,

The Richard B. Russell National School Lunch Act requires the information on this application. You do not have to give the information, but if you do not, we cannot approve your child for free or reduced price meals. We will use your information to determine if your child is eligible for free or reduced price meals, and for administration and enforcement of the lunch and breakfast programs.

Non-Discrimination Statement: This explains what to do if you believe you have been treated unfairly. "In accordance with Federal Law and U.S. Department of Agriculture policy, this institution is prohibited from discriminating on the basis of race, color, national origin, sex, age, or disability. To file a complaint of discrimination, write USDA, Director, Office of Adjudication, 1400 Independence Avenue, SW, Washington, D.C. 20250-9410 or call toll free (866) 632-9992 (Voice). Individuals who are hearing impaired or have speech disabilities may contact USDA through the Federal Relay Service at (800) 877-8339; or (800) 845-6136 (Spanish). USDA is an equal opportunity provider and employer."